



MONTHLY VERIFIED REPORT - BARBER SCHOOL

State Form 47836 (6-96)

Indiana Professional Licensing Agency  
302 West Washington Street, Room E034  
Indianapolis, IN 46204

Date of filing ( <i>month, day, year</i> )	School license number
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Name of school	
Address ( <i>number and street, city, state, ZIP code</i> )	
Telephone number	Name of owner
If corporation, list officer's names	

STATUS CODE *	STARTING DATE	NAME OF STUDENT	TUITION OWED	HOURS ACCRUED AS OF LAST REPORT	LAST DAY OF ATTENDANCE
* Status Code:      N = New              G = Graduated DO = Dropout      PG = Pending Graduation					

NOTARY CERTIFICATE (Attested)		
STATE OF _____ COUNTY OF _____ } SS:		
I, _____, having been duly sworn on oath, do state that the above statements are true to the best of my knowledge and belief.		
Subscribed and sworn to before me on this _____ day of _____, 19 _____		
Signature of School Manager	Signature of Notary Public	
Printed or typed name of School Manager	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

FOR OFFICE USE ONLY	
Initials of data processor	Date ( <i>month, day, year</i> )